

Family Planning Patient Satisfaction Paper Survey

Please tell us how you feel about our services and staff. Your responses help us to make improvements. This survey is anonymous. Thank you for your time.



Please circle how well we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	DON'T KNOW N/A
Ease of getting care:						
Time between making appointment and being seen	5	4	3	2	1	N/A
Convenience of clinic hours	5	4	3	2	1	N/A
Convenience of clinic location	5	4	3	2	1	N/A
Wait time during visit:						
Time in waiting room	5	4	3	2	1	N/A
Time in exam room	5	4	3	2	1	N/A
Front Desk Staff:						
Courteous & Respectful	5	4	3	2	1	N/A
Clearly explains registration process	5	4	3	2	1	N/A
Protects your privacy	5	4	3	2	1	N/A
Provider: (Physician, Nurse Practitioner)						
Courteous & Respectful	5	4	3	2	1	N/A
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Clearly explains medication	5	4	3	2	1	N/A
Nurses:						
Courteous & Respectful	5	4	3	2	1	N/A
Clearly explains what you need to know	5	4	3	2	1	N/A
Clearly explains medication	5	4	3	2	1	N/A
Listens to you	5	4	3	2	1	N/A
Skill of the Nurses	5	4	3	2	1	N/A
Lab Staff:						
Courteous & Respectful	5	4	3	2	1	N/A
Clearly explains what you need to know	5	4	3	2	1	N/A
Skill of the lab staff	5	4	3	2	1	N/A
Medical Assistants:						
Courteous & Respectful	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Skill of the medical assistants	5	4	3	2	1	N/A
Payment:						
What you pay	5	4	3	2	1	N/A
Explanation of charges	5	4	3	2	1	N/A
Facility:						
Cleanliness of clinic	5	4	3	2	1	N/A
Ease of finding where to go	5	4	3	2	1	N/A
Comfort while waiting	5	4	3	2	1	N/A
Confidentiality:						
Keeping your personal information private during the clinic visit/exam	5	4	3	2	1	N/A

Did someone talk to you today about if or when you would like to have children (or another child)? Yes No

If yes do you feel like you left with a clear plan of next steps for the choice you made? Yes No

Did someone talk to you about your birth control during your visit today? Yes No

If yes, please rate the staff with respect to discussing your birth control options:



Please circle how well we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	DON'T KNOW N/A
Respecting you as a person	5	4	3	2	1	N/A
Letting you say what mattered to you about your birth control method	5	4	3	2	1	N/A
Taking your choice of birth control seriously	5	4	3	2	1	N/A
Giving you enough information to make the best decision about your birth control method	5	4	3	2	1	N/A

How did you hear about us? (check one) Friend Relative Partner On-line

Referral (please specify): _____

Other (please specify): _____

What do you like best about our clinic?

What do you like least about our clinic?

What could we have done to make your visit better today?

Would you recommend us to friends/family? Yes No

Thank you for completing our survey!